

For the latest updates:

www.cis.state.mi.us/fire**Office of Fire Safety**

7150 Harris Drive
 Lansing, Michigan 48913
 (517) 322-1123 Fax (517) 322-1356

Trans # _____

APPLICATION FOR REVIEW / INSPECTION

(Instructions on Reverse Side)

Project Description				
Facility Name		Street / Site Address		
City	State	County	Zip	Fire Dept (Required)
Estimated Project Cost: * _____ (All Facilities - See Page 2)		Fee Submitted: ** _____ (Schools & Hospitals Only)		
Scope of Work (Floor, Wing, etc.)				
Review Requested	Facility / Project to be Reviewed		Building Data	
<input type="checkbox"/> Construction Plans /Spec's <input type="checkbox"/> Consultation <input type="checkbox"/> Inspection <input type="checkbox"/> * Addendum #: _____ <input type="checkbox"/> * Bulletin #: _____ <input type="checkbox"/> Modification Request <input type="checkbox"/> Fire alarm (specify below) <input type="checkbox"/> Hood suppression (specify below) <input type="checkbox"/> Sprinkler (specify below) <input type="checkbox"/> NOT related to a current project (fee required **) <input type="checkbox"/> Related to existing OFS project #: _____ * See Pg. 2 Misc. Instructions	Review/Inspection Fee Required: ** <input type="checkbox"/> Charter School <input type="checkbox"/> College /University <input type="checkbox"/> Dormitory <input type="checkbox"/> FSO / ASC <input type="checkbox"/> Hospital <input type="checkbox"/> School Review/Inspection Fee NOT Required: ** <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> 1 – 6 Family <input type="checkbox"/> 1 – 6 Group <input type="checkbox"/> 7 – 12 <input type="checkbox"/> 13 – 20 <input type="checkbox"/> AIS / MR <input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Secure <input type="checkbox"/> Open <input type="checkbox"/> Children's Camp <input type="checkbox"/> Home for Aged <input type="checkbox"/> Nursing Home <input type="checkbox"/> Penal Institution ** See Pg 2 Fee Schedule		Original Year Constructed: _____ Your AIA/PE/Job #: _____ Number of Stories (including basement): _____ Current Sprinklers <input type="checkbox"/> Completely <input type="checkbox"/> Partially This Submittal: <input type="checkbox"/> Addition <input type="checkbox"/> Conversion <input type="checkbox"/> New Building <input type="checkbox"/> Remodeling/Alteration Square Footage - New Work: _____ Square Footage – Existing: _____ Type of Construction _____ (per NFPA 220):	
Submitter				
Name		Address		
City	State	Zip Code	Phone ()	Fax ()
Architect / Engineer / Certified Firm NOTE: Certified Firm # Required _____				
Name		Address		
City	State	Zip Code	Phone ()	Fax ()
Facility Contact Person				
Name		Address		
City	State	Zip Code	Phone ()	Fax ()
Authority: 1941 PA Act 207, as amended Voluntary – Project will not be reviewed without complete information.		Completion: The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.		

* See Pg. 2 Miscellaneous OFS-13 Instructions

** See Pg. 2 Fee Schedule

GENERAL

To Expedite Your Review:

- ! All submittals must be accompanied by an OFS-13 Application for Review/Inspection completely filled out.
Please provide all information requested.
An "n/a" designation is helpful for areas where information does not pertain to the project.
- ! We require only **ONE** set of construction documents or related specification drawings.
- ! Plans must be sealed by an architect or engineer registered in the State of Michigan where required by law.
- ! Certified firms shall provide the certification number issued by the Office of Fire Safety
- ! All fees are due at the time the project is submitted (colleges, hospitals, schools and universities only).

Fees are applicable on fire alarm, sprinkler and hood suppression system shop drawings in colleges, free-standing outpatient facilities, hospitals, schools or universities **only when the project is an independent** fire alarm or a suppression project not associated with an architect's or engineer's project already submitted.

Fees are not assessed on any other types of facilities.

- ! All floor plans shall indicate exit locations, identify all room uses, and sprinkler coverage, if any.
- ! Please furnish approved design numbers of all fire related assemblies.
- ! Changes to previously reviewed drawings must be specifically brought to our attention for review and comment.
- ! Submit a separate check or money order for **each project PAYABLE TO THE STATE OF MICHIGAN**
- ! **Health Care Projects:** When applicable, identify the area(s) occupied by ambulatory/non-ambulatory patients, outpatients and location of all smoke barriers.
- ! **Schools:** Written approval **MUST** be obtained from the Public Health Department having jurisdiction for matters involving water supply, food handling or sanitation. Written approval may also be required for Barrier Free Design in accordance with Act 1 of 1966. For barrier free requirements, contact the Department of Consumer and Industry Services, Bureau of Construction Codes, Barrier Free Division, 517-241-9300.

FEE SCHEDULE

(Freestanding outpatient facilities and hospitals; colleges, schools, and universities)

<u>Project Cost Range</u>	<u>Fee</u>
\$101,000.00 or less	Minimum Fee of \$155
\$101,001.00 to 1,500,000.00	\$1.60 per \$1,000
\$1,500,001.00 to 10,000,000.00	\$1.30 per \$1,000
\$10,000,001.00 or More.	\$1.10 per \$1,000 - Maximum fee \$60,000

Miscellaneous OFS-13 Instructions (www.cis.state.mi.us/fire)

* **Estimated Project Cost (If original plans/spec's):** Show additional costs if there are increases on Addendums, Bulletins, etc. The Project Cost includes all costs associated with the project other than the cost of equipment that is **not** "fixed." "Fixed" equipment is defined as equipment necessary to the operation of the building, including, but not limited to: air handlers, boilers, chillers, electric switchgear, elevators, generators, modular casework, etc. If labor is being provided for the project, the cost of the labor shall be included.

Project Description: Please indicate the floor or work site to assist us in identifying the project location, as well as:

- 1) The architect's or engineer's project number
- 2) Square footage of new building, addition, remodeling, etc.
- 3) Square footage of an existing building
- 4) Project Scope (description of project)

Type of Review Requested: If the review you are requesting is not on the form, please write in your request.